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FOR ACTION

COUNTRY PROGRAMME RECOMMENDATION*

Lao People's Democratic Republic

The Executive Director recommends that the Executive Board approve the country programme of the Lao People's Democratic Republic for the period 1992-1996 in the amount of $6,600,000 from general resources, subject to the availability of funds, and $16,400,000 in supplementary funds, subject to the availability of specific-purpose contributions.

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* In order to meet documentation deadlines, the present document was prepared before aggregate financial data were finalized. Final adjustments, taking into account unspent balances of programme cooperation at the end of 1991, will be contained in the "Summary of 1992 recommendations for general resources and supplementary funding programmes" (E/ICEF/1992/P/L.2 and Add.1).

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THE SITUATION OF CHILDREN AND WOMEN

1. During the past five years, the Lao People's Democratic Republic has taken serious steps towards socio-economic development. Since instituting the New Economic Mechanism in 1986, the Government has decentralized administration and economic management and moved towards a market economy with a unified exchange rate. This resulted in a reorientation of the country's economic and social policies, bringing about real growth of the gross domestic product, which rose from 5.3 per cent in 1988 to 8.4 per cent in 1990. In the social sphere, there has been a greater focus on preventive health care, on raising the quality and efficiency of the public health service, and on education reform and development of areas of the country populated by minorities.

2. In 1991, further impetus was given to new development policy directions. The Fifth Party Congress, held in March 1991, recognized the success of the recent economic policies, but admitted that implementation of social policies had not kept pace. The Congress reconfirmed the mandate of mass and social organizations to participate actively in development and established fundamental policies for all development sectors. In May, the new medium-term plan provided for major public and private sector investments in education and public health, in line with commitments to the goals of the World Summit for Children. During the same month, the Lao People's Democratic Republic acceded to the United Nations Convention on the Rights of the Child, and the Declaration and Plan of Action of the 1990 World Summit for Children was formally signed in July 1991. The first National Constitution, which contains a statement on children's rights, was adopted in August 1991. New elections for the Supreme People's Assembly were held in December 1991.

3. In spite of this encouraging backdrop, progress in improving the situation of children and women has been slow. The 1990 infant mortality rate (IMR) was estimated at 104 per 1,000 live births and the under-five mortality rate (U5MR) at 152 per 1,000 live births, both rates still in the very high IMR and U5MR categories. The rate of decline of IMR and U5MR has been the slowest in Asia, with the exception of Cambodia. The immediate causes of under-five mortality are dehydration from diarrhoea, acute respiratory infections (ARI) (especially pneumonia), measles, malaria and neonatal tetanus. The maternal mortality rate (MMR) is estimated to be 300 to 500 per 100,000 live births. The availability of family planning information and modern contraceptives has been extremely limited. Less than 5 per cent of all pregnant women are seen by a trained health worker. Factors contributing to high MMR are low literacy levels, resulting in poor health and nutrition practices, heavy workload and closely spaced births.

4. Capacities for health service delivery are very limited. Although there are some 10,000 government health personnel and approximately 11,000 villages, only a very small proportion of these health workers are in frequent contact with the villagers. Health workers are based largely in about 100 hospitals to which, at most, 50 per cent of the population could have access.

Immunization is the most widespread preventive service, but coverage in 1990 was only about 30 per cent. Family planning policies have now been accepted to promote birth spacing.

5. Malnutrition is a major contributory cause of mortality in the country. At least 20 per cent of all babies are of low birth weight. Inappropriate breast-feeding and weaning practices reduce infant nutritional levels. In the second and third years of life, about half of all children suffer from chronic undernutrition, which leads to stunting. This situation is caused principally by repeated illnesses and lack of health and nutrition education, rather than by lack of food in the household. Iodine deficiency disorders (IDD), vitamin A deficiency and, among women, serious iron-deficiency anaemia are also known to be widespread, although the extent and severity of these disorders require investigation.

6. In rural areas, only 10 to 15 per cent of the population have year-round access to safe drinking water supplies. Women and girls spend much time and energy in the collection of water. The relationship between polluted water and disease is not generally understood. None of the urban areas has adequate sewerage or solid waste disposal systems. It is estimated that less than 2 per cent of all rural households have latrines. Institutional capacities for planning and implementing water supply and sanitation programmes are still very limited.

7. Around 30 per cent of all children aged 6 to 10 years are not enrolled in primary school; most are girls and of ethnic minority groups. High rates of withdrawal and repetition indicate very low levels of learning achievement. Physical conditions at primary schools are very poor. About 45 per cent of all primary school teachers themselves have had only primary education. Half of the adult population is illiterate, and non-formal educational opportunities are unavailable.

8. Government policy explicitly favours equal rights for women and men. However, despite the lack of gender-disaggregated statistics, it is clear that the situation of women is far from satisfactory. The norm of female subordination contributes to reduced access to education: 44 per cent of primary school pupils are girls and only one third of all literate people are women. Women face high health risks in pregnancy and delivery. Their contribution to agricultural production and community work and their important roles in family and child care are largely unrecognized. Still, with a membership of about half of all adult women, the Lao Women's Union has considerable potential for mobilizing village people for development.

9. Communication of information to people about their health, education and life in general has been constrained by very limited mass media, low literacy rates, few government extension services and lack of attention to the specific concerns of the many ethnic groups throughout the country. However, there is a great deal of potential in various social and traditional channels such as the Lao Women's Union and other mass organizations, and mass gatherings, such as festivals, and the folk media.

PROGRAMME COOPERATION, 1987-1991

10. The Government and UNICEF prepared a challenging programme of cooperation for the period 1987-1991. Much was achieved, but general performance was constrained by limitations in government capacity to establish technical policies and to plan, manage and monitor programmes.

11. There is an urgent need to strengthen the Government's planning capacity and database. Information on the impact of all programmes has been severely curtailed by the lack of adequate planning, monitoring and evaluation. Data is either unavailable or inadequate, especially in the social sectors. In order to monitor progress in the expanded programme on immunization (EPI), water supply and environmental sanitation and education, support must be provided for the establishment of a database to measure progress towards the achievement of Summit goals and targets.

Health and nutrition

12. In health, the major focus was on IMR reduction by improving preventive health service delivery capacities. Service delivery in some institutions was improved, but these efforts had little impact on public health.

13. UNICEF support was provided for EPI. Coverage of immunization services increased from 50 to 100 out of a total of 120 districts. Yet national immunization coverage rates for infants below one year of age increased only from about 10 per cent in 1985 to about 30 per cent in 1990, despite a 1987 commitment to universal child immunization by 1990. EPI was implemented largely by mobile teams based at central locations. Little progress was made in generating public understanding of or demand for EPI services. A joint UNICEF/Government EPI review identified the need to revitalize planning, monitoring and evaluation, to strengthen health education and public mobilization and to integrate EPI with other maternal and child health (MCH) services. A programme officer is being recruited to support the programme.

14. In support of the control of diarrhoeal diseases (CDD) project, UNICEF provided the Ministry of Health with packets of oral rehydration salts for the majority of hospitals, communes and village health centres. A diarrhoea training unit was established in the central hospital at Vientiane, and CDD-related subjects were incorporated into medical curricula. However, there are no reliable data available on diarrhoeal disease incidence, morbidity and mortality in the country. A clear and coherent national policy for CDD has yet to be prepared, and UNICEF, together with the World Health Organization (WHO), is working with the Government to assist in its formulation.

15. A national ARI programme was initiated in 1987, focusing on eight provinces. An ARI programme manager was designated in the Ministry of Health, and ARI interventions were incorporated in the existing health delivery system network. UNICEF provided drugs and funding for training and the production of communication materials; however, programme expansion has been slow, with limited progress made. During the mid-term review in 1990, it was recommended

that the programme focus on health education training, the availability of essential drugs, early identification of ARI and proper case management by the health staff. UNICEF is assisting with the formulation of a national policy paper and strategy. Several non-governmental organizations (NGOs) working at village and district levels are developing appropriate methods to educate parents and village health workers (VHWs) on the early diagnosis of ARI.

16. UNICEF has also assisted Ministry of Health efforts to improve the facilities and training of MCH staff in four of the most populous provinces. Funds for the project were provided by the Government of Sweden. The MCH Institute, established in 1990, is responsible for planning and coordination of MCH, CDD, ARI and family planning services. A UNICEF project officer responsible for health has also been recruited to strengthen MCH programmes and their management.

17. Salt iodization was pursued as a strategy to counter the high incidence of IDD. The first salt iodization plant was installed at Koksaat, the country's largest salt mine. Some medical personnel were also trained in India, but owing to lack of planning, there have been problems with production, distribution, pricing and publicity. A study, commissioned to review available information, will serve as a basis for planning much stronger and broader-based future interventions.

Water supply and environmental sanitation

18. From 1985 through 1989, UNICEF was the major cooperating agency in rural water supply and environmental sanitation activities. Over 2,000 village water facilities were constructed, less than one quarter of the number originally planned. The programme suffered from a lack of attention to health education, community participation, especially with regard to the role of women, and integration with other local development efforts. In early 1991, UNICEF supported a study to assess and analyse the problems in the rural water supply and environmental sanitation sector, with the aim of revitalizing assistance to this sector and addressing the problems over the next decade.

Education

19. During the 1987-1991 period of cooperation, UNICEF supported education planning, the development and production of textbooks and teaching aids, preschool education, women's literacy, social mobilization and logistics. However, too much emphasis was placed on infrastructure development rather than on improving the quality of education. In general, teacher competence and motivation remains low owing to poorly designed programmes, as well as to the overall low and irregular payment of salaries, which obliges teachers to absent themselves frequently in order to take on second jobs to make ends meet. In curriculum reform, little progress was made in setting standards and designing prototype classroom equipment and teaching materials. Education planning suffered from a lack of emphasis on monitoring and evaluation and a weak information base. Following the mid-term review in 1990, the number of projects was reduced in order to focus attention on the priority objectives of

primary education curriculum reform and improving teaching skills. Good progress has been made in reorienting government policies in these areas.

Women in development

20. Progress in developing services for women through the Lao Women's Union was initially very slow, since planning was weak and the focus was not on development projects. In 1990, however, major reprogramming was undertaken and supported by a highly motivated leadership. The programme was reoriented towards women's involvement in community-based rural development and local capacity-building. The Lao Women's Union is now beginning to play a major role in national development.

RECOMMENDED PROGRAMME COOPERATION, 1992-1996

Recommended general resources: $ 6,600,000
Supplementary funding: $16,400,000

Recommended programme cooperation a/

(In thousands of United States dollars)

	General resources	Supplementary funds b/	Total
Health and nutrition	2 100	8 000	10 100
Water supply and environmental sanitation	150	3 850	4 000
Basic education	1 400	3 100	4 500
Planning and monitoring	2 225	-	2 225
Women in development	465	1 000	1 465
Advocacy and communication	260	450	710
Total	6 600	16 400	23 000

a/ The breakdown for estimated yearly expenditures is given in table 3.

b/ In addition, there are also funded supplementary funding projects shown in table 3.

21. During 1990, a new situation analysis of children and women was prepared. The preparation of the 1992-1996 country programme benefited from important government policy reviews during 1991. In January 1991, a country programme formulation workshop was held with cross-sectoral participation, forming the basis for the programme strategy meeting in February. Efforts and expertise were then dedicated to obtaining a high-level consensus on the development of

new social strategies in line with the resolutions of the Fifth Party Congress and the Declaration and Plan of Action of the World Summit for Children. The programme preview meeting held in June 1991 provided a large interministerial forum for arriving at a consensus, after which the country programme and project documents were drafted. The programme recommendation was finalized after reviews with the Government. The country programming process was assisted by UNICEF staff from the East Asia and Pacific Regional Office and New York, with the participation of colleagues from other United Nations agencies and NGOs.

Major programme objectives and goals

22. The programme objectives address the priority problems facing children and women in the Lao People's Democratic Republic and the national goals for the 1990s. The recommended programme of cooperation will contribute substantially to the achievement of the following government goals and objectives by 1996: (a) reduction of IMR by 20 per cent from current levels; (b) reduction of MMR by 10 per cent; (c) reduction of moderate malnutrition among children under 5 years of age to less than 40 per cent; (d) increased access to safe water for 1 million of the rural population, bringing national access to 40 per cent; and (e) increase in primary school net enrolment ratios for 6- to 10-year-olds from 65 to 75 per cent. Other forms of basic education will also be studied and promoted, with the aim of reducing adult illiteracy to one half of its 1990 level by the year 2000.

23. The strategies used to achieve the goals will be: (a) to ensure that children's and women's concerns remain high on the political agenda; (b) to focus on women both as beneficiaries and as participants in national development; (c) to build self-reliance through community participation in order to ensure sustainability; (d) to strengthen government planning and monitoring capacity; (e) to advocate positive political attention and sufficient resource allocation for children's and women's concerns; (f) to improve public understanding of key information as outlined in Facts for Life; (g) to reduce gender, geographic and ethnic disparities; and (h) to coordinate closely with other agencies.

Health

24. The main objectives for the health programme are: (a) to achieve 80 per cent or higher immunization coverage at national and subnational levels by the end of 1996; (b) to reduce mortality and morbidity due to diarrhoea, ARI and malaria; and (c) to reduce maternal mortality.

25. Programme objectives will be achieved through a two-pronged strategy. First, the number of contacts between the target population (children and women) and properly trained and equipped health workers will be rapidly increased. A multi-purpose cadre of VHWs will be created from existing staff in all 120 districts. As part of strategic planning for EPI coverage, the country will be divided into operational zones. Zone 0 will cover villages within three kilometres of a fixed immunization centre. Zone 1 will include

villages within walking distance of the fixed centre, leaving time for a vaccinator to conduct a vaccination session in one day. Zone 2 will include villages reachable by day using a motorcycle, motor boat, or by taking public transport, in which a vaccinator would be able to conduct a one-day vaccination session and return to the fixed centre. Zone 3 will comprise villages in which the vaccinator from the fixed centre cannot complete a vaccination session in one day. In 1992, EPI outreach immunization activities will begin in zone 1. Each village will be visited at least four times per year on fixed dates. By 1993, all villages in zone 1 will reach at least 80 per cent immunization coverage and other critical services will begin, such as the control of diarrhoea, malaria and micronutrient deficiencies, and ARI detection and case management. In 1993, outreach will expand to zone 2. Mobile team operations, which will require longer periods away from the district centre, will also begin in 1993 in order to extend services to the least accessible villages in zone 3. By the end of 1996, immunization and other basic health services activities will cover the entire country.

26. In the second strategy, organized community groups, such as the Lao Women's Union, will participate in the district micro-planning of the programme and, after orientation and training, will be responsible for mobilizing village families and assisting the visiting health workers. Individual villagers who demonstrate the required motivation and capacity will be provided with additional training, through their mass organization and in cooperation with the Ministry of Health, to act as health communicators and to assist in village health monitoring. Facts for Life will be used to assist these efforts.

27. The CDD project will focus on two areas: improving home treatment by encouraging parents to provide more liquids and continue feeding during episodes of diarrhoea; and improving health workers' case management capacity and quality. By 1996, over 50 per cent of all households with children under five years of age should practise oral rehydration and continued feeding, and over 50 per cent of all district-level health workers should practise correct case management. In the ARI project, annual plans of action will be developed with staff from the MCH Institute, provincial ARI managers, UNICEF and WHO. Activities will be based on the ARI policy and strategy submitted for approval and review by the Ministry of Health. Micro-planning for each province with their respective districts will be carried out. The project will concentrate on establishing appropriate case management capacities and practices in all MCH clinics by 1996. Training of ARI staff at all levels will be conducted in consonance with the CDD training schedule.

28. In the MCH project, members of the Lao Women's Union will be trained to help identify high-risk pregnancies. Clinics will provide low-cost kits for cutting umbilical cords. Exclusive breast-feeding for the first four to six months of life will be promoted, and "baby-friendly" practices to encourage breast-feeding will be actively supported in all hospitals and clinics. A legal code on breast milk substitutes will be enacted. In cooperation with the United Nations Population Fund (UNFPA), UNICEF will provide social communications and training support to enable all households to have access to

family planning information and services. The malaria control project will promote activities in public education and motivation activities to improve understanding of the causes and of effective control measures, particularly the use of mosquito nets impregnated with insecticide.

29. In 1992, the nutrition project will also concentrate on establishing reliable national and subnational statistical baselines, and on establishing a department of nutrition. Technical policies and plans of action will be worked out for effective interventions to counter some common practices and problems that contribute to malnutrition: insufficient breast-feeding; inappropriate weaning practices; under-feeding; and deficiencies in micronutrients such as iodine, vitamin A and iron. Beginning in 1993, micronutrients will be administered through the district outreach programme. Salt iodization and consumption will continue to be promoted.

30. In coordination with WHO, UNICEF support will be provided for the EPI cold chain, vaccines, training, technical assistance in micro-planning, production of training materials, communication messages, essential drugs, monitoring and establishment of a database in disease incidence and evaluation.

Water supply and environmental sanitation

31. The key government objective is to increase access to safe water supplies from 18 to 40 per cent of the population by 1996. The sanitation objective for 1996 will be established, pending a technical review. The major village-level strategies will be the active involvement of the community, especially women, in planning, constructing and maintaining the facilities; the use of appropriate materials and pumps; and hygiene education at the household level. UNICEF will assist in the achievement of national goals through three projects. The first project, training and institutional capacity-building, will aim at assisting the Government to improve planning and coordination, starting with a thorough assessment of needs for improving human and institutional capacities, including technical, management and monitoring skills. Under the second project, an estimated 4,900 new and 675 out-of-service facilities, mostly shallow wells, will be constructed and rehabilitated, benefiting about 1 million people and achieving a national coverage rate of 40 per cent. The third project will benefit education and health institutions, such as five of the eight teacher-upgrading centres, which are focal points for the basic education programme, and about 50 of the 100 district hospitals, which are central to the health programme.

Basic education

32. In education, the objectives are to increase national net enrolment ratios from 65 to 75 per cent by 1996, with a special focus on the rural mountain areas; to provide on-the-job training to untrained and unqualified teachers already in the system, comprising some 35 per cent of total number of teachers; and to provide non-formal education for semi-literate youths who have dropped out of the system, 70 per cent of whom are females. The education sector strategy will be to expand and improve the formal education

system to increase access to education, particularly in rural and mountain districts, where access is low; to upgrade overall education quality; and to develop and expand non-formal and informal education as a retrieval system for those, especially girls, who cannot gain access to, or who drop-out of, the formal system. UNICEF inputs will include support for training and technical assistance in establishing monitoring systems in consultation with the United Nations Educational, Scientific and Cultural Organization (UNESCO), the United Nations Development Programme (UNDP) and the World Bank. Both the Asian Development Bank (AsDB) and the World Bank are assisting in infrastructure development and capacity-building at central and provincial levels. UNICEF support will be complementary to those activities, focusing on three major projects: upgrading teachers' skills; disparity reduction for minority children's education; and non-formal education.

33. The teacher-training/upgrading project aims to restructure the function of eight existing, provincial teacher-training colleges to provide a flexible programme of studies and teaching methodologies. By 1996, some 3,200 (about 45 per cent) of all untrained teachers and 200 teachers with low-level qualifications will have their skills upgraded. The eight centres will provide in-service training during school holidays (24 weeks in 36 months), use distance education through a series of carefully graded study-assignment modules and operate mobile training teams to provide in-school assistance to teachers and communities. Thus, teachers will continue to teach while in training, and the course material and curriculum will be adapted to village realities.

34. In the basic education for rural, ethnic minority children project, 1,200 schools in the eight provinces will be assisted to provide quality primary education. The causes of high rates of withdrawal and repetition will be studied and addressed. UNICEF will encourage and assist communities to improve their schools, their safe water and sanitation facilities, and their enrolment rates, particularly those of girls.

35. In the villages served by the 1,200 primary schools and by the women in action project described in the section below on women in development, the non-formal education project will help to assess, analyse and address basic educational needs that cannot be fulfilled by the primary school. One such need is that of youths, especially girls, who have withdrawn from school and who, because of age, marriage or other reasons, cannot return to formal schooling. Community-based methods that make use of available educational resources (including the primary school) will be devised in order to establish a local system of retrieval.

Planning and monitoring

36. This project will support the design and conduction of social sector surveys related to the UNICEF programme of cooperation; the development of monitoring systems and capacities; the preparation of national and provincial projects related to the goals for the year 2000; and the analysis of development resources available for children and women. Annual programme

reviews of progress will be held at the provincial level, followed by sectoral reviews at the national level, in which UNICEF and the Government will participate. A mid-term review will be held in the second half of 1994. The situation analysis of children and women will be formally updated in 1995.

Advocacy and communications

37. An advocacy and communications project will enhance political, public and media support for improving the situation of children and women. Assistance will be directed at mobilizing the support of leaders in the Government and in other agencies. In addition, a communications capacity-building project will aim at developing various communications channels, especially through mass organizations and traditional media, to disseminate Lao-adapted Facts for Life information and other messages. UNICEF will support the Government and NGOs in developing communication activities for all programme components.

Women in development

38. Under the women in action project, UNICEF will assist the Lao Women's Union to improve its programme management activities. UNICEF will provide technical assistance, as well as modest support for supplies, equipment and transport at central, provincial and district levels. Expanding from a current pilot project, the women in action project will support and build upon lessons learned from activities in 1,250 villages in minority areas of five provinces.

Cooperation with other agencies

39. The UNICEF, UNDP and UNFPA country programme cycles are now concurrent with the government planning cycle. Planning for the 1992-1996 programme recommendation has involved the active participation of UNDP, WHO, the International Monetary Fund (IMF) and the Food and Agricultural Organization of the United Nations (FAO) resident missions in Vientiane, as well as UNESCO, UNFPA, AsDB and the World Bank. Major bilateral donors, such as the Governments of Sweden, Australia and Japan, have also been involved, as have several NGOs, particularly Save the Children Fund (United Kingdom and Australia), Ecoles sans frontières, the Mennonite Central Committee and the Quakers. Continued dialogue and programme coordination will be promoted among the many development agencies working for human development goals.

TABLE 1. BASIC STATISTICS ON CHILDREN AND WOMEN

Lao People's Democratic Republic

(1990 and earlier years)

UNICEF country classification

Under-five mortality rate	152	(1990)	Very high U5MR
Infant mortality rate	104	(1990)	Very high IMR
GNP per capita	$ 200	(1990)	Low GNP
Total population	4139.0 Thousands	(1990)	

KEY INDICATORS FOR CHILD SURVIVAL AND DEVELOPMENT		1970	1980	1985	1990
Births	(thousands)	121	144	159	187
Infant deaths (under 1)	(thousands)	18	19	18	19
Under-five deaths	(thousands)	26	27	27	28
Under-five mortality rate (per 1,000 live births)		215	190	170	152
Infant mortality rate (under 1) (per 1,000 live births)		146	129	116	104

		About 1980	Most recent
Underweight children (under 5) (% weight for age, 1980/1984)	Moderate & severe	..	37
	Severe	..	..
Babies with low birth weight (%, 1979/1984)		18	39
% of primary school children reaching final grade (1980/1988)		..	38*

NUTRITION INDICATORS		About 1980	Most recent
Mothers breast-feeding at 3/6/12 months (%, 1979)		../99*/93*	../../ ..
Prevalence of wasting (%, 1980/1984)		..	20
Prevalence of stunting (%, 1980/1984)		..	44
Daily per capita calorie supply (% of requirements, 1979-1981/1988)		94	119
Food production per capita index (Index 1979-1981=100, 1980/1990)		101	130
Household expenditure (% of total income, 1980-1985)	All food/cereals		../..

HEALTH INDICATORS		About 1980	Most recent
ORT use rate (%, 1988)			30
Access to health services (% of population, 1980/1985)	Total	..	67
	Urban/rural	.. /..	../..
Access to safe water (% of population, 1980/1990)	Total	5*	29
	Urban/rural	20*/ 3*	50/ 32
Access to adequate sanitation (% of population, 1980/1987)	Total	..	..
	Urban/rural	.. /..	../ ..
Births attended by trained personnel (%, 1980/1987)		..	..
Maternal mortality rate (per 100,000 live births, 1979/1987)		..	..

Immunization		1981	1985	1990
One-year-olds (%) immunized against:	Tuberculosis	4	60	..
	DPT	7	28	..
	Polio	7	28	..
	Measles	7	33	..
Pregnant women (%) immunized against	Tetanus	2	19	..

TABLE 1 (continued)

Lao People's Democratic Republic

EDUCATION INDICATORS		About 1980	Most recent
Primary enrolment ratio (gross/net)	Total	94/ ..	110/ 70
(%, 1980/1987)	Male	102/ ..	122/ ..
	Female	86/ ..	98/ ..
Secondary enrolment ratio (gross/net)	Total	18/ ..	27/ ..
(%, 1980/1987)	Male	21/ ..	31/ ..
	Female	14/ ..	22/ ..
Adult literacy rate, 15 years & older	Total	33	..
(%, 1970/1990)	Male/female	37/ 28	../ ..
Radio/television sets			
(per 1,000 population, 1980/1988)		109/0	124/ 3

DEMOGRAPHIC INDICATORS		1970	1980	1985	1990	2000**
Total population	(Thousands)	2713.0	3205.0	3594.0	4139.0	5463.0
Population aged 0-15 years	(Thousands)	..	1427.8	1609.3	1893.2	2524.9
Population aged 0-4 years	(Thousands)	..	532.3	620.8	737.5	888.6
Urban population (% of total)		10	13	16	19	25
Life expectancy at birth	Total	40	45	47	50	55
(years)	Male	39	43	46	48	53
	Female	42	46	49	51	56
Total fertility rate		6.2	6.7	6.7	6.7	5.7
Crude birth rate (per 1,000 population)		44	45	45	45	37
Crude death rate (per 1,000 population)		23	20	18	16	12

		About 1980	Most recent
Contraceptive prevalence rate		..	..
(%)			
Population annual growth rate	Total	1.4	2.6
(%, 1965-1980/1980-1990)	Urban	4.8	5.8

ECONOMIC INDICATORS		About 1980	Most recent
GNP per capita annual growth rate		..	0.7
(%, 1965-1980/1980-1990)			
Inflation rate (%, 1965-1980/1980-1989)		..	..
Population in absolute poverty	Urban/rural	../..	../ ..
(%)			
Household income share	Top 20%/bottom 40%	../ ..	../ ..
(%)			
Government expenditure	Health/education	../ ..	../ ..
(% of total expenditure)	Defence	..	..
Household expenditure	Health/education		../..
(% of total income, 1980-1985)			
Official development assistance:	US$ millions	41	141
(1980/1989)	As % of GNP	17	20
Debt service			
(% of goods & services exports, 1980/1989)		..	11

Definitions, sources and symbols are described in the section preceding these data sheets.

* UNICEF field office source.

** United Nations Population Division projections based on past and current trends.

TABLE 2. EXPENDITURE UNDER PREVIOUS COOPERATION PERIOD, 1987-1991

(In thousands of United States dollars)

COUNTRY: LAO PEOPLE'S DEMOCRATIC REPUBLIC
LATEST BOARD APPROVAL: 1987
GENERAL RESOURCES: $4,810,000

	Supplies and equipment (incl. freight)		Training grants		Project staff		Other cash		Totals		
	GR	FSF	GR	FSF	GR	FSF	GR	FSF	GR	FSF	Total
Health	2033	609	116	8	1	28	185	276	2333	921	3254
Water supply and sanitation	116	501	14	3	13	263	194	16	337	763	1100
Nutrition	90		37				14		141		141
Education	1008	186	120	27	125		178	38	1431	251	1682
Community organization and development	9								9		9
Women-centred programme	124	126	13	76	2		22	51	161	253	414
Planning and project support	109		6		298	23	118	12	531	35	566
Freight	217	10							217	10	227
GRAND TOTAL	3706	1432	304	114	439	294	711	393	5160 a/	2233	7393

GR = General resources.
FSF = Funded supplementary funding.
a/ Including allocations to fund unfunded supplementary funding.

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TABLE 3. PLANNED EXPENDITURE, 1992-1996

(In thousands of United States dollars)

Country: LAO PEOPLE'S DEMOCRATIC REPUBLIC Period covered: 1992-1996	Funding status	1992	1993	1994	1995	1996	Total
Health and nutrition	GR	300	450	450	450	450	2100
	FSF	400	95				495
	NSF	1700	2100	1550	1300	1350	8000
Water supply and sanitation	GR a/			50	50	50	150
	FSF	483					483
	NSF	750	750	750	800	800	3850
Education	GR	350	300	250	250	250	1400
	NSF	550	600	650	650	650	3100
Women-centred programme	GR	110	105	70	80	100	465
	NSF	150	180	210	230	230	1000
Social mobilization and advocacy	GR	100	40	40	40	40	260
	NSF	120	90	80	80	80	450
Planning and social statistics	GR	460	425	460	450	430	2225
TOTAL	GR a/	1320	1320	1320	1320	1320	6600
	FSF	883	95				978
	NSF	3270	3720	3240	3060	3110	16400
GRAND TOTAL		5473	5135	4560	4380	4430	23978

GR = General resources.
NSF = New supplementary funding.
FSF = Funded supplementary funding.
a/ In addition, $700,000 was allocated previously for 1992 and 1993.

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TABLE 4. STAFFING FROM BUDGET AND PROGRAMME FUNDS

COUNTRY: LAO PEOPLE'S DEMOCRATIC REPUBLIC	Number of posts	Amount (Thousands of United States dollars)
FINANCED FROM 1992-1993 APPROVED BUDGET:		
International Professional established posts	4	815
Local national Professional and General Service established posts	15	225
Operating costs		239
Total	19	1279
FINANCED FROM PROGRAMME FUNDS: a/		
International Professional project posts		
General resources	1	240
Supplementary funds	2	457
Local national Professional and General Service project posts		
General resources	6	118
Supplementary funds	4	27
Total	13	842

a/ For information source, see the 1992 revised post authorization table, dated 23 July 1991.

Annex

LIST OF STUDIES AND EVALUATIONS

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4. MCH services quality. Dr. Perez, UNICEF consultant, Vientiane, 2-28 May 1990.

5. Recommendation for MCH/PHC plans. Dr. Didier Patte, UNICEF consultant, April 1990.

6. Report of the mid-term review of the 1987-1991 programme of cooperation. UNICEF and the Government of the Lao People's Democratic Republic, June 1990.

7. Situation analysis of children and women in the Lao People's Democratic Republic. P. Chichereau, UNICEF consultant, Vientiane, December 1990.

8. Nutrition and household food security in the Lao People's Democratic Republic. Dr. Yongyout Kachondham and Dr. Sakorn Phanamitta, February 1991.

9. Final report on the review of supply and logistics within the UNICEF Vientiane field office. W. Tuffin, UNICEF consultant, Vientiane, May 1991.

10. Rural water supply and sanitation in the Lao People's Democratic Republic: A framework for a new decade. Dr. K. Hewison *et al.*, water and environmental sanitation consulting team, June 1991.

11. Master plan of operations, 1992-1996. UNICEF and the Government of the Lao People's Democratic Republic, August 1991.

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14. Evaluation of the MCH project funded by the Swedish International Development Authority. Dr. E. Lewis and Dr. S. Chunharas, November 1991.

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Programme Committee
1992 session

FOR ACTION

COUNTRY PROGRAMME RECOMMENDATION*

Pacific island countries

The Executive Director recommends that the Executive Board approve the country programme of the Pacific island countries for the period 1992-1996 in the amount of $7,150,000 from general resources, subject to the availability of funds, and $6,507,000 in supplementary funds, subject to the availability of specific-purpose contributions. The Pacific island countries include: Cook Islands, Fiji, Kiribati, Marshall Islands, Federated States of Micronesia, Niue, Palau, Western Samoa, Solomon Islands, Tokelau, Tonga, Tuvalu and Vanuatu.

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* In order to meet documentation deadlines, the present document was prepared before aggregate financial data were finalized. Final adjustments, taking into account unspent balances of programme cooperation at the end of 1991, will be contained in the "Summary of 1992 recommendations for general resources and supplementary funding programmes" (E/ICEF/1992/P/L.2 and Add.1).

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THE SITUATION OF CHILDREN AND WOMEN

1. The proposed programme covers 13 island countries and Territories in the Pacific region, namely, the Cook Islands, Fiji, Kiribati, the Marshall Islands, the Federated States of Micronesia, Niue, Palau, Western Samoa, the Solomon Islands, Tokelau, Tonga, Tuvalu and Vanuatu. These islands spread over some 31 million square kilometres of ocean. Their aggregate land area is 64,000 square kilometres, with a total population of 1,782,000. Fiji and the Solomon Islands together account for 71 per cent of the total land area and 60 per cent of the total population. Nine of the 13 island countries are independent, while 4 - the Cook Islands, Niue, Tokelau and Palau - are associate states or Territories.

2. Almost all the countries face problems owing to the isolation imposed by distance and communication barriers. Four of them - Kiribati, Tuvalu, Vanuatu and Western Samoa - are classified as least developed countries. For most countries, economic activities are limited to subsistence agriculture, fisheries and cash-cropping, and tourism is a main source of foreign exchange earnings. Most countries are dependent on external aid and remittances, and national debts are increasing. With an average population growth rate of 2 to 3 per cent per annum, and the economic growth rate in most countries at well below 1 per cent, several countries have experienced severe reductions in resources for public services over recent years.

3. The social environment is changing rapidly as well. Although the majority of Pacific islanders are rural dwellers, population growth in urban centres is much higher than the national average. In Fiji and the Marshall Islands, the proportion of the population living in major urban centres accounts for 22 and 38 per cent, respectively, of the total in each country. The extended family is under stress as a result of isolation in urban areas, with little community or neighbourhood identity. Cultural life is inundated by foreign influences, which alter traditional relationships between parents and chidren.

4. While statistics for the island countries have remained largely inadequate, the recent situation analysis carried out in eight countries has contributed to a better understanding of the problems of children and women in the region. While a number of countries, including Fiji, Samoa and Tonga, have infant mortality rates (IMRs) below 30 per 1,000 live births, a much higher IMR is noted in Kiribati, the Marshall Islands, the Solomon Islands and Vanuatu, ranging from 43 to 80 and more per 1,000 live births. The main causes of death and illness in children are acute respiratory infections (ARI), diarrhoea, complications of birth and prematurity and malnutrition. Malaria is a specific problem in Vanuatu and the Solomon Islands.

5. Malnutrition, diet-related disorders and food security are becoming increasingly serious for most Pacific island countries. Traditional food production systems are being gradually phased out in the process of modernization. The consumption of nutritious, readily available fresh fruits

and vegetables has decreased. Instead, store-bought foods, mainly imported canned goods, have comprised an increasingly large proportion of the diets of island families. These dietary changes have, in turn, heralded changes in nutritional and health status. Owing to the lack of record keeping, it is not possible to determine how much the nutritional status of children has deteriorated as a result of these changes. However, the recent situation analysis carried out in various countries showed that in Fiji, Vanuatu and the Solomon Islands, malnutrition ranges from 15 to 23 per cent among children under five years of age, and protein-energy malnutrition occurs mainly in the post-weaning period, which suggests a major problem with the types of foods given and the frequency of feeding. Deficiencies in such micronutrients as vitamin A are recognized as public health problems in several countries, with Kiribati having a high deficiency rate of vitamin A, at 15 per cent.

6. Most countries have made great strides in providing primary education over the last decade, with primary enrolment rates reaching above 85 per cent. The Solomon Islands, as an exception, has a low rate of 55 per cent. For all 13 countries, drop-out rates at the elementary stage are high, ranging up to 30 per cent. The number of teachers is generally insufficient, and overcrowding of classes is quite common throughout the region. The limited number of places available in secondary schools means that most children must obtain their livelihood in the rural sector, for which their educational background provides few life skills. There are few opportunities for post-primary education, including life skills training. All of this reflects underlying problems of educational quality and relevance.

7. Women have primary responsibility for family welfare, as well as a significant responsibility for family support. Long hours spent on subsistence food production, coupled with the burden of domestic duties, have qualitatively diminished the care and attention they give their children, as well as their own well-being. Gender differentials are noted in school enrolment and drop-out rates, especially in Vanuatu and the Solomon Islands, which can be attributed to the household demand for female labour and the general attitude among families that educating the girl child is a lost investment. The legal situation of women and children in the region is also deficient, especially in terms of the absence of specific legal protection against domestic violence, child abuse and child neglect. The issue is particularly important in view of the changing social life in the islands, as referred to in paragraph 3 above.

8. Although the access of urban populations to water supply and sanitation in the Pacific islands is generally good, the services are inadequate in most rural areas. Only Tonga, Tokelau and Tuvalu claim to have achieved universal access to drinking water, yet even there, problems of safety and inadequacy remain. In the Solomon Islands and Vanuatu, where malaria is endemic, poor access to drinking water encourages households to store water in drums or other standing containers where mosquitoes can breed, with highly lethal effects. Environmental effects of deforestation and large-scale logging on water systems are now drawing increased attention from Governments.

PROGRAMME COOPERATION, 1988-1991

9. The programme for 1988-1992 has been reduced to four years because the annual programme budget levels were increased and the approved funds disbursed ahead of schedule.

10. The basic strategies of the past programme period involved an intercountry programme framework combined with country programming in six countries, namely, the Solomon Islands, Vanuatu, Kiribati, the Marshall Islands, the Federated States of Micronesia and Fiji. The selection was based on their relatively poor indicators for child survival and development (CSD) and on the size of their child populations. The priorities of the programme were CSD, including universal child immunization (UCI) and other child-care interventions, food security and nutrition and social mobilization.

Child survival and development

11. All 13 countries made a commitment to UCI. According to data from the health ministries, at the end of 1990, nine countries had reached 80 per cent coverage by antigens for children under one year of age, with Fiji and Samoa achieving 90 per cent. The Solomon Islands, Vanuatu and the Marshall Islands are among those that have not yet achieved UCI, but the coverage with three doses of combined diphtheria/pertussis/tetanus vaccine is around 70 per cent. The constraints were due mainly to a shortage of government inputs resulting from budget cut-backs in public services. Social mobilization, which was a new concept to most island countries, has been applied in the acceleration of UCI and is now being introduced to other sectors.

12. An external evaluation of the Pacific regional vaccine procurement and distribution system was conducted in early 1991. Over the past years, with assistance from UNICEF and the World Health Organization (WHO), various Pacific island countries have received vaccines through the regional network headquartered at Suva, Fiji. Vaccines are procured in bulk twice a year, shipped to a central cold storage facility and then transshipped to the countries. The evaluation confirmed the usefulness of the system and further suggested government financial participation through a regional trust fund. Consultations were carried out with individual countries, most of which have already responded favourably. This was most relevant in terms of ensuring sustainability of the programme in the Pacific island countries.

13. Health education continued to be an important focus in the intercountry programme. In collaboration with the United Nations Population Fund (UNFPA) and the South Pacific Commission, social mobilization training was conducted in 1990 in the context of the South Pacific Regional Conference of Health Educators. Country-level training for health workers in the 13 island countries has also been conducted on the expanded programme on immunization and the control of diarrhoeal diseases (CDD) project, benefiting a total of 1,600 staff members, including public health nurses, medical assistants, nursing school faculty and selected community medical officers. Some countries are redeveloping ARI formularies and protocols for implementation of

the WHO guidelines. In other countries, however, opposition from either medical or nursing associations has slowed distribution of antibiotics for use by non-physician health-care workers.

Food and nutrition

14. The food and nutrition programme was carried out at both intercountry and country levels. Breast-feeding, proper weaning and child feeding, nutrition education including the concepts of a balanced diet, growth monitoring and CDD have been promoted as main interventions. In addition, household food security and family food production have been supported to develop specific methodologies for extension. A "garden-to-kitchen" approach was demonstrated, which encourages home gardening and fresh nutritious foods for children and women. Support was given to strengthen institutional capacities for national networks, especially agricultural extension. About 20 programme managers and 3,600 extension agents for different areas, including health, education and agriculture, received training and about 9,800 households participated directly in programme activities. The community-based project demonstrations led to the creation in 1990 of a South Pacific Household Food Security Task Force to provide policy and operational guidance to the countries. According to the report of a March 1991 evaluation of the family food production and nutrition project, the project created a climate of opinion in most countries which recognized the connection between food production systems, nutrition and health. The report strongly recommended continued support for the project.

Specific country-level activities

15. Projects responding to specific needs of the countries have been carried out at the country level. In Vanuatu, a major rural sanitation programme has been started with joint support from the United Nations Development Programme (UNDP), the United Nations Capital Development Fund (UNCDF), WHO and the Government of Australia. The targeted beneficiaries are 15,000 households, and the project has stressed a "safe house" incorporating water supply, sanitation, hygiene, malaria control and other primary health-care components. In Micronesia, the Marshall Islands, Fiji, Vanuatu and the Solomon Islands, school health education projects have been well accepted by utilizing the teacher-child-parent approach. Parents' involvement in their children's education has been much increased, not only in health education but also in other subjects. In Kiribati, a vitamin A/nutrition improvement project has been initiated by the Ministry of Health with the joint support of the United States Agency for International Development (USAID), WHO and local non-governmental organizations. The first phase of training activities and initiation of vitamin A capsule distribution has proceeded smoothly. About 50 public health nurses and medical assistants were given one-week nutrition/vitamin A training, while 10,400 children (aged 1-11 years) and 2,000 mothers participated in vitamin A supplementation. Primary school sanitation projects have been implemented in Vanuatu and Micronesia on a small scale.

Advocacy and social mobilization

16. Advocacy and social mobilization, coupled with specific technical support and advice, has achieved marked results in most Pacific island countries. The Prime Ministers of Vanuatu and Western Samoa participated in the World Summit for Children in 1990 and made a personal commitment to achieving the Summit goals. To follow up on the Summit Declaration and the Plan of Action, eight countries have completed situation analyses of children and women, and seven have completed national strategies for children, which provide a framework for the national programmes of action for children. Some quantified, time-bound objectives for improving children's well-being are given in these strategies, which closely mirror the global goals for the 1990s. Most countries have recognized the need for a focal organization to monitor the situation of children and advocate and mobilize resources for priority needs of children. The proposed Pacific Summit for Children in 1992 will provide a strong commitment at both regional and national levels.

RECOMMENDED PROGRAMME COOPERATION, 1992-1996

Recommended general resources: $7,150,000
Supplementary funding: $6,507,000

Recommended programme cooperation a/

(In thousands of United States dollars)

	General resources	Supplementary funds b/	Total
Health	1 803	-	1 803
Nutrition and household food security	-	1 088	1 088
Education	190	1 114	1 304
Integrated country-based programme c/	3 374	3 268	6 642
Social mobilization	75	1 037	1 112
Programme support	1 708	-	1 708
Total	7 150	6 507	13 657

a/ The breakdown for estimated yearly expenditures is given in table 2.

b/ In addition, there are also funded supplementary funding projects shown in table 2.

c/ The integrated country-based programme contains components for health, nutrition, education, and water supply and sanitation in selected countries.

Programme preparation process

17. Preparation for the new programme commenced with the country-level situation analysis of children and women, first in the Marshall Islands and Vanuatu in mid-1990, and then during 1991 in the other countries. The methodology for the analysis varied, but documentation was prepared by a multidisciplinary national committee, with secretariat support from UNICEF. The Regional Strategy Conference in March 1991 was attended by senior government officials from nine countries. Following that, national strategy workshops were conducted in various countries, which contributed to the formulation of the new programme and provided the basis for the national programmes.

18. A country-based participatory approach in the above process represented the first steps taken in the cooperation between UNICEF and the multi-country Pacific region. This approach also helps to integrate the proposed projects into the overall framework of national development planning and aid coordination mechanisms. As part of country programming, collaboration and partnership with key regional organizations and external assistance agencies have also been strengthened.

Major features of the programme

19. The 1992-1996 programme of cooperation, as presented in full in the master plan of operations, aims to advance the following national goals and objectives for the next five years as reflected in the countries' national strategies for children: (a) to reduce infant and under-five child mortality rates by at least 30 per cent in those countries with moderate to high mortality rates, and by 20 per cent in countries with low mortality rates; (b) to reduce maternal mortality rates in the Solomon Islands, Vanuatu and Micronesia, where the rate exceeds 100 per 100,000 live births; (c) to reduce the level of moderate and severe malnutrition by 50 per cent in the Solomon Islands, Vanuatu, Kiribati, the Marshall Islands, Micronesia and Fiji, and to reduce significantly the prevalence of vitamin A deficiency in Kiribati, the Marshall Islands and Micronesia; (d) to increase access to safe sanitation from 34 to 90 per cent of rural households in Vanuatu; (e) to ensure completion of primary education by at least 90 per cent of all school-age children in the region; and (f) to improve protection for children and women affected by rapid social change.

Programme strategy

20. The two-pronged programming approach adopted in the past programme will continue to be implemented. On the one hand, intercountry programmes will address the common priority needs of children and women in the region by helping to improve maternal and child care, food and nutrition systems and basic education, which will be supported by social mobilization and child monitoring. On the other hand, programmes at the country level, adopting an integrated approach to address particular issues, will be implemented in six selected countries, namely, the Solomon Islands, Vanuatu, Kiribati, the

Marshall Islands, Micronesia and Fiji. In addition, a small-scale subregional programme is being developed to cover the remaining seven countries.

21. The programme stresses the following strategies to support the countries in achieving the above goals: (a) to increase awareness about the issues confronting Pacific children within all sectors of society; (b) to mobilize resources for addressing the needs of children in the context of integrated national programmes for children; (c) to strengthen capacities of key government agencies, non-governmental agencies and community groups in planning, programming, delivery and monitoring of basic services for children; and (d) to strengthen coordination and integration of services for increased effectiveness.

Health

22. Maternal and child health (MCH), including immunization, CDD, ARI, growth monitoring and health education, will continue to be supported in cooperation with WHO, UNFPA and the South Pacific Commission. Training materials will be developed and distributed for use in all the countries. National or subnational assessments of MCH services as recommended by WHO and agreed to by the Governments will be carried out. Oral rehydration salt packets will be supplied and health workers will be trained in the CDD projects of each country. All countries will be assisted in planning and producing information, education and communications support for the health sector. Strengthening community participation will figure prominently in Kiribati, Vanuatu and the Solomon Islands. Malaria control in Vanuatu and the Solomon Islands will be addressed in collaboration with WHO as well as through rural sanitation projects. The health programme as a whole will benefit some 50,000 infants, 250,000 pre-schoolers (aged 1-4 years) and their parents and involved community leaders.

23. The immunization project will be continued to help sustain UCI already achieved in most countries, while giving priority to the Solomon Islands and Vanuatu, where UCI is yet to be achieved. Vaccines will continue to be supplied, and a regional system of vaccine procurement and distribution will be developed and implemented. The system aims to ensure the continuous, timely supply of vaccines to all countries in the region, while helping them become self-sufficient in the financing of vaccine costs.

Nutrition and household food security

24. At the regional level, in collaboration with UNDP and the South Pacific Commission, technical assistance will be provided to the Household Food Security Task Force for developing strategic recommendations on food and nutrition policy, planning and household food security. Guidelines will also be developed on specific issues of concern, including urban household food security, the integration of women into agricultural development, nutritional considerations in cash commodity production, and children and the environment. Breast-feeding will be promoted through health education, advocacy for enactment of the International Code on the Marketing of Breast Milk

Substitutes and adoption of "baby-friendly" maternity unit practices in all countries.

25. At the country level, nutrition and household food security will be incorporated in the country programmes of the six countries referred to in paragraph 20 above. Nutrition education will be included in the school curriculum, and family food production (garden-to-kitchen approach) and training will be promoted. In the Solomon Islands, women's agricultural extension training will be conducted through 400 village women's committees and government agencies to help increase women's access to extension resources and enhance their productive roles. In Micronesia, nutrition education in the schools will use the teacher-child-parent-community approach, with targeted coverage of all 75 schools in the country by 1996. In the Marshall Islands, vitamin supplementation and deworming, nutrition rehabilitation and community-based, follow-up of severely malnourished children will be supported as part of the national programme to reduce the high prevalence of undernutrition. In Kiribati, vitamin A capsules will be distributed to all pre-school and schoolchildren three times per year.

Education

26. The quality and relevance of primary education will be the main issues to be addressed. In collaboration with the United Nations Educational, Scientific and Cultural Organization (UNESCO), UNDP and the University of the South Pacific, the programme aims to develop decentralized, in-service teacher training and professional support in 10 countries, to strengthen linkages between schools, communities and families and to promote the production and distribution of teaching and learning materials that are culturally and pedagogically relevant. Efforts will be made to reduce the drop-out rate, especially of the girl child. The programme will work through 10 national coordinators and 200 national trainers to reach 5,500 teachers and 150,000 primary students, their parents and communities.

27. Young child development will be promoted by strengthening the capacities of the University of the South Pacific and the Pacific Pre-school Council to provide early childhood teacher training and to facilitate national programme development. High priority will be given to the Solomon Islands, Vanuatu, Fiji and Kiribati. Support will be provided to pre-school centres, parent education programmes and for the development of pilot home-based models and communications materials. The project will benefit 500 pre-school teachers, 15,000 pre-school students and their parents, and those young children who are not enrolled in pre-schools.

Water supply and sanitation

28. The programme in this sector will be implemented basically at the country level, in those countries where access to clear drinking water and sanitation is poor. Efforts will be made to strengthen community participation in water supply and sanitation through social mobilization and community action. In the Solomon Islands, school water supply and sanitation will be continued,

with targeted coverage of 91 rural primary schools in two provinces, benefiting 13,000 students. In Vanuatu, in collaboration with UNCDF and the Australian International Development Aid Bureau, support will continue to be provided to the national rural sanitation programme to benefit 15,000 households. Support will also be provided to develop community-based sanitation infrastructure in Kiribati.

Social mobilization

29. While advocacy and social mobilization is built into all of the above programmes, this programme aims to enhance political commitment and develop a policy framework at both regional and national levels. Alliances for children will be created among regional organizations and external assistance agencies, and a single, sustainable regional monitoring system will be developed to support national monitoring systems. Technical assistance will be provided to Governments to review the legal status of children vis-à-vis the provisions of the Convention on the Rights of the Child and to remedy the deficiencies. Family support services such as counselling will also be provided through selected governmental and non-governmental organizations.

Monitoring and evaluation

30. Child monitoring will provide the information base for increasing public awareness of, and policy commitment to, child-focused goals. Support will be provided to the proposed Pacific Summit for Children in 1992 and its follow-up activities in the countries. The monitoring and evaluation of the programmes will be carried out on a continuous basis through field visits by Governments and UNICEF and through regular meetings, annual programme reviews and a mid-term review in the third year of the programme cycle. Detailed plans for monitoring and evaluation of various programmes are included in the master plan of operations.

Programme support and management

31. The programme of cooperation will continue to be managed through the aid coordination units of Pacific Governments, in cooperation with sectoral ministries and national children's coordination bodies. The UNICEF area office at Manila, Philippines, and liaison office at Suva, Fiji, will assist the Pacific Governments in the planning, implementation, monitoring and evaluation of the programmes.

TABLE 1. EXPENDITURE UNDER PREVIOUS COOPERATION PERIOD, 1988-1991

(In thousands of United States dollars)

COUNTRY: PACIFIC ISLAND COUNTRIES
LATEST BOARD APPROVAL: 1988
GENERAL RESOURCES: $3,250,000

	Supplies and equipment (incl. freight)		Training grants		Project staff		Other cash		Totals		
	GR	FSF	GR	FSF	GR	FSF	GR	FSF	GR	FSF	Total
Health	1347	107	216	31	100	27	303	104	1966	269	2235
Water supply and sanitation	77	60		2		15	8	5	85	82	167
Nutrition	179	32	11		150	186	271	295	611	513	1124
Education	19		2	6	31	2	65		117	8	125
Community organization and development							13		13		13
Planning and project support	58		28		405		370		861		861
Freight	83	1					29		112	1	113
GRAND TOTAL	1763	200	257	39	686	230	1059	404	3765 a/	873	4638

GR = General resources.
FSF = Funded supplementary funding.
a/ Including allocations to funds unfunded supplementary funding.

/...

TABLE 2. PLANNED EXPENDITURE, 1992-1996

(In thousands of United States dollars)

Country: PACIFIC ISLAND COUNTRIES Period covered: 1992-1996	Funding status	1992	1993	1994	1995	1996	Total
Health	GR	335	341	344	385	398	1803
	FSF	95					95
Nutrition and household food security	FSF	22	20				42
	NSF	219	215	237	206	211	1088
Education	GR	60	65	65			190
	NSF	244	225	225	290	130	1114
Child monitoring	GR	20	40	5	5	5	75
Social mobilization	FSF	65					65
	NSF	167	223	209	209	229	1037
Programme support	GR	302	329	349	359	369	1708
Integrated country-based programme	GR	713	655	667	681	658	3374
	FSF	457	130	130	130	135	982
	NSF	559	652	664	629	764	3268
TOTAL	GR	1430	1430	1430	1430	1430	7150
	FSF	639	150	130	130	135	1184
	NSF	1189	1315	1335	1334	1334	6507
GRAND TOTAL		3258	2895	2895	2894	2899	14841

GR = General resources.
NSF = New supplementary funding.
FSF = Funded supplementary funding.

TABLE 3. STAFFING FROM BUDGET AND PROGRAMME FUNDS

COUNTRY: PACIFIC ISLAND COUNTRIES	Number of posts	Amount (Thousands of United States dollars)
FINANCED FROM 1992-1993 APPROVED BUDGET: a/		
International Professional established posts		
Local national Professional and General Service established posts		
Operating costs		
Total		
FINANCED FROM PROGRAMME FUNDS: b/		
International Professional project posts		
General resources	1	240
Supplementary funds	1	240
Local national Professional and General Service project posts		
General resources	5	130
Supplementary funds	2	80
Total	9	690

a/ The administrative budget for the Pacific island countries is included in the Manila office.

b/ For information source, see the 1992 revised post authorization table, dated 23 July 1991.